Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999

Dringing Place of Project



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F55007

1. Corporation Name GLENN SMOLLER AND ASSOCIATES, INC.



Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90126 021 ***150.00



Principal Place	Of Business Walling Address			
5851 HOLMBER				
2311	2311 PARKI AND EL 22007			DO NOT WRITE IN THIS SPACE
Parkland fl 3 US	. 33067 PARKLAND FL 33067 US			3. Date Incorporated or Qualifed
				11/17/1981
9 Principal Pl	ace of Business 2a, Mailing Address		- 7.	4. FEI Number Applied For
一 こうしゅう ひょい くつ 人し ピーニー・クリック ルバルトー				59-2134159 Not Applicable
21 Suite Act		•	- 101 -1	\$8.75 Additional
				5. Certificate of Status Desired Fee Required
22 27 City & State C City & State C City & State				6. Election Campaign Financing \$5.00 May Be
23 CORAL 2414NG2 JE 28 COVUL 11/499			, PL	Trust Fund Contribution Added to Fees
Zip 7 ク	076 25 Country 1516 29 Zip 77076 3	C≱bur 30	1 ^{try} [/5A	8. This corporation owes the current year Intangible Personal Property Tax.
24 8 1	g. Name and Address of Current Registered Agent	,o,	_ // 5. \	10. Name and Address of New Registered Agent
81 Name				
SMOLLER, GLENN				Add to the state of the state o
11574 SW 91 TERR.			82 Street	Address (P.O. Box Number is Not Acceptable)
MIAN	N FL 33176		83	2101 1100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
			84 City (ORAL 3PA <i>FN 65</i> FL ** あるり16
11. Pursuant	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes	s, the at	ove-named	corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re				required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMOLLER, GLENN	1.2 NAME		12100 NW 52 NO CT.
STREET ADDRESS	11574 SW 91 TERR.	1.3 STREET ADDRESS		12109 NW 5240 Cl.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		COMBL STRINGS FC 1 NO
TITLE	SD DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMOLLER, KAREN	2.2 NAME		1
STREET ADDRÉSS	11574 SW 91 TERR.	2.3 STI	REET ADDRESS	12109 NW 5440 4 02070
CITY-ST-ZIP	MIAMI FL	2.4 CI	TY-ST-ZIP	LOGAL SHAMED FL 7
TITLE	☐ DELETE	3.1 TIT	LE	☐ Change ☐ Addition
NAME	•	3.2 NA	ME	
STREET ADDRESS	المراجع	3.3 ST	REET ADDRESS	
CITY-ST-ZIP		3.4. CI	ry-ST-ZIP	
TITLE	☐ DELETE	4.1 TIT		☐ Change ☐ Addition
NAME		4. 2 N	ME	
STREET ADDRESS		4.3 ST	REET ADDRESS	
CITY-ST-ZIP		4.4 CIT	Y-ST-ZIP	
TITLE	☐ DELETE	5.1 TII		☐ Change ☐ Addition
NAME		5.2 NA	ME	
STREET ADDRESS		5.3 ST	REET ADDRESS	
CITY-ST-ZIP	•	5.4 CII	Y-ST-ZIP	
TITLE	☐ DELETE	6.1 TIT	LE	☐ Change ☐ Addition
NAME		6.2 NA	ME	
STREET ADDRESS		6.3 ST	REET ADDRESS	<u> </u>
CITY-ST-ZIP		6.4 CIT	Y-ST-ZiP	İ

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed,